


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H42167 1. Entity Name OLESON CONSULTING SERVICES, INC.	
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Principal Place of Business P. O. BOX 103 ODESSA, FL 33554	Mailing Address P. O. BOX 103 ODESSA, FL 33554
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02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2493222	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OLESON, S. MELODIE 1741 BEACHWAY LANE ODESSA, FL 33556	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000067067
 02/26/04-80041-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAMOS, MARGUERITE O 1735 BEACHWAY LANE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OLESON, JAMES L 4355 SPRING LAKE ROAD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OLESON, S. MELODIE 1741 BEACHWAY LANE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLESON, KATHERINE B 4355 SPRING LAKE ROAD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	S. Melodie Oleson	2-23-04	727-777-8023
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>